

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			02.20.01
O.I.P.E. CLASSIFIER	ASD		3/13/01
FORMALITY REVIEW	APR	790	05-29-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	✓ 12/14/01
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	✓ ✓ ✓
9	✓ ✓ ✓
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46	✓ ✓ ✓
47	✓ ✓ ✓
48	✓ ✓ ✓
49	✓ ✓ ✓
50	✓ ✓ ✓

Claim	Date
Final	Original
51	✓ 12/14/01
52	✓ ✓ ✓
53	✓ ✓ ✓
54	✓ ✓ ✓
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57	✓ ✓ ✓
58	✓ ✓ ✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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